EMERGENCY MEDICAL TREATMENT CONDITIONS OF ADMISSION
PART I

MEDICAL CONSENT: I agree to the procedures and treatments that may take place on me/patient while a patient in the Hospital/Clinic. These procedures and treatments may include physical exams, laboratory and other tests, x-rays, pain relief, routine/simple nursing, surgical and other medical services, procedures and treatments, and telehealth services. I understand that I am agreeing to receive care at a Hospital/Clinic owned and run by the County of Los Angeles. I understand that Hospitals/Clinics run by the County of Los Angeles may be teaching facilities. I understand and agree that interns, residents, and fellows supervised by an attending physician may care for me/patient. I understand and agree that I may receive care from a physician who does not hold a physician's and surgeon's certificate but who is qualified and certified by the California Medical Board to provide care in a special program as a visiting professor or faculty member. I also agree that medical students, dental students, student nurses, and any other students approved by the Hospital/Clinic may help in, or observe, my/patient's care. I agree that the Hospital/Clinic may use and get rid of any tissue, organ, matter or other item removed from my/patient's body.

PICTURES/VIDEO/AUDIO: I agree that pictures, video or other images, or audio recordings of me/patient may be taken for treatment purposes and for the Department of Health Services' healthcare operations, including peer review, quality improvement, training and education. I understand that under California law I may not film or record a Hospital/Clinic employee without their permission. I also may not share a video, picture, or recording of a Hospital/Clinic employee without their permission.

HOSPITAL/CLINIC RULES: I agree that I/patient will follow the rules and accept that the Administrator/Director of the Hospital/Clinic will be the only person who will decide if Hospital/Clinic rules are being followed. I agree that if I/patient fails to follow the rules, I/patient may be asked to go home or be discharged from the Hospital/Clinic.

NURSING CARE: I understand and agree that the Hospital/Clinic provides only general duty nursing care unless, upon orders from my/patient's doctor, I/patient will be given more intensive nursing care.

MATERNITY PATIENTS: If I deliver an infant(s) while a patient in this Hospital/Clinic, I agree that these same Conditions of Admission apply to the infant(s).

RELEASE OF INFORMATION: I understand that my/patient's health information is protected by state and federal law. Unless the law says it is allowed, a separate form must be signed for the Hospital/Clinic to use my/patient's health information.

USE OF PATIENT INFORMATION TO OBTAIN PAYMENT FOR HOSPITAL/CLINIC SERVICES: I agree that the Hospital/Clinic may share any part of my/patient's records, including the medical record, with someone who is responsible for paying the Hospital/Clinic bill. This might be an insurance company, health care plan or worker's compensation company. If a patient is being treated for alcohol or drug abuse, HIV/AIDS, or mental health problems, special permission may be needed to share this information.

PERSONAL VALUABLES IN THE HOSPITAL: I understand that the Hospital has a safe for money and valuables. The Hospital is not responsible for money or valuables that are not put in the safe. If I do not put money or valuables in the safe, they may be stolen or lost. I understand that I should leave my money and valuables at home. I understand that the Hospital is only responsible for up to $500 worth of lost/stolen items in the safe, unless I have a receipt from the Hospital for a larger amount.

PROPOSITION 65 WARNING: Proposition 65 requires the Governor to publish a list of chemicals "known to the State to cause cancer, birth defects or reproductive harm." It also requires California companies, including health care providers, to warn the public of potential exposures to these chemicals. Some of the chemicals on the Governor's list are used by health care facilities, including the Department of Health Services facilities. You may be exposed to some of the chemicals during your stay at the Hospital/Clinic. In addition to these chemicals, some drugs used to treat patients include chemicals known to the State to cause cancer, birth defects, or reproductive harm. Please consult your health care provider or pharmacist at Hospital/Clinic for specific information about any drugs prescribed for you. If you have questions regarding this information, please visit the Office of Environmental Health at www.oehha.ca.gov or call (916) 445-6900.

MRUN

NAME

DOB/GENDER

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NOTICE TO CONSUMERS: If you have concerns about patient care and safety that the Hospital/Clinics have not addressed, you are encouraged to contact Hospital/Clinic administration. If the concerns cannot be resolved through Hospital/Clinic administration, you may contact The Joint Commission at (800) 994-6610 or complaint@jointcommission.org. The medical doctors at this facility are licensed and regulated by the Medical Board of California. For additional information, or to file a complaint about a medical doctor (MD), contact the Medical Board of California at (800) 633-2322, or 2005 Evergreen St., #1200, Sacramento, CA 95815, or www.mbc.ca.gov/consumers/complaints. The physician assistants at this facility are licensed and regulated by the Physician Assistant Committee. For additional information, or to file a complaint about a physician assistant (PA), contact the Physician Assistant Committee at (916) 561-8780 or www.pac.ca.gov.

I AM SIGNING THIS TO SAY I UNDERSTAND AND AGREE TO ALL OF THE ABOVE STATEMENTS. I HAVE BEEN GIVEN THE CHANCE TO ASK QUESTIONS AND TO HAVE MY QUESTIONS ANSWERED. I AM AUTHORIZED AS THE PATIENT OR THE PATIENT'S REPRESENTATIVE TO AGREE TO THESE THINGS. IF REQUESTED, I HAVE RECEIVED A COPY OF THIS AGREEMENT.

WITNESS SIGNATURE	PATIENT OR RESPONSIBLE PERSON SIGNATURE	RELATIONSHIP TO PATIENT	DATE	TIME

ADDRESS	STREET	CITY	ZIP

MRUN

NAME

DOB/GENDER

EMERGENCY MEDICAL TREATMENT
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